

2002 MOBILITY IMPAIRED DISABLED PERSONS MOTOR VEHICLE HUNTING LICENSE APPLICATION

FEE: \$33.50

FIRST NAME M.I. LAST NAME DAY TELEPHONE () MALLING ADDRESS DRIVER'S LICENSE NUMBER OR DMY ID NUMBER CITY STATE ZIP CODE SEX DATE OF BIRTH WEIGHT HAIR COLOR EYE COLOR PLEASE INDICATE TYPE OF DISABILITY: HEIGHT SIZE OR DOUBLE AMPUTEE ABOVE THE KNEE, OR DOUBLE AMPUTEE BELOW THE KNEE MUST DEPEND UPON THE AID OF A WALKER, CRUTCHES, ETC., TO WALK No person shall pursue, drive, herd, or take any bird or mammal from any type of motor-driven air or land vehicles, motorboat, airboat, sailboat, or snowmobile except: (c) Pursuant to a permit from the department issued under such regulations as the commission may prescribe." The Department will consider request to hunt from a motor vehicle based upon the information on this application form. The applicant, if approved, will be issued a license which will specify the conditions under which the licensee will be allowed to hunt from a vehicle. The licensee will be required to adhere to the following minimum requirements: (1) The licensee shall be accompanied by an ambulatory assistant who shall immediately retrieve, and tag if necessary, all game taken; (2) The assistant shall not posses a weapon unless he/she is a licensee hunter in possession of the appropriate tags for the game being taken; (3) The vehicle must be stopped and the engine mus be shut off prior to discharging the weapon; (4) The licensee shall have the licensee in possession while in the field and present it upon request to any peace office in the event a license is granted, I hereby agree to abide by all conditions of said license and all laws and regulations of the Fish and Game Code of California, an California Code of Regulations, Title 14. I am eligible for indicated license and I am not under revocation or suspension, nor is there a case pending that woult restrict me from botaining a license. I have not made more than one application for a Motor Vehicle Hunting Lesse. My signature below is written consent to us this information for the purpose of verifying disability. I hereby certify tha	SECTION 1. THIS SECTION MUS	T BE FILLE	ED OUT BY AP	PLICANT				
CITY STATE ZIP CODE SEX MALE FEMALE PRIMALE P						DAY TELEPH	ONE	
CITY STATE ZIP CODE SEX MALE FEMALE PRIMALE P							()	
VALID CALIFORNIA HUNTING LICENSE MEIGHT WEIGHT WEIGHT HAIR COLOR EYE COLOR	MAILING ADDRESS	1			DRIVER'S LIC	ENSE NUMBER (DR DMV ID NUM	IBER
VALID CALIFORNIA HUNTING LICENSE MALE	CITY	STATE	ZIP CODE		SEX		DATE OF BIR	TH
VALID CALIFORNIA HUNTING LICENSE HEIGHT WEIGHT HAIR COLOR EYE COLOR		Ontil	211 0002		<u> </u>	☐ FEMALE	MM / DI) / YYYY
FULLY CONFINED TO A WHEELCHAIR SINGLE OR DOUBLE AMPUTEE ABOVE THE KNEE, OR DOUBLE AMPUTEE BELOW THE KNEE MIST DEPEND UPON THE AID OF A WALKER, CRUTCHES, ETC., TO WALK No person shall pursue, drive, herd, or take any bird or mammal from any type of motor-driven air or land vehicles, motorboat, airboat, sailboat, or snowmobile except: (c) Pursuant to a permit from the department issued under such regulations as the commission may prescribe." The Department will consider request to hunt from a motor vehicle based upon the information on this application form. The applicant, if approved, will be issued a license which will specify the conditions under which the licensee will be allowed to hunt from a vehicle. The licensees will be required to adhere to the following minimum requirements: (1) The licensees which a part of the appropriate tags for the game being taken; (2) The assistant shall not posses a weapon unless he/she is a licensed hunter in possession of the appropriate tags for the game being taken; (3) The vehicle must be stopped and the engine must be shut off prior to discharging the veapon; (4) The licensees shall have the license in possession while in the field and present it upon request to any peace off in the event a license is granted. I hereby agree to abide by all conditions of said license and I am not under revocation or suspension, nor is there a case pending that would restrict me from obtaining a license. I have not made more than one application for a Motor Vehicle Hunting License, V signature below is written consent to us this information for the purpose of verifying disability. I hereby certify that all information contained on this application and/or submitted to meet the requirement for issuance of subject license is correct and true. I understand that, in the event that this information is found to be incorrect or untrue, the license issued will be considered invalid and must be surrendered where purchased and that I will be subject to criminal prosecution. APPLICANT'S SIGNATURE D	VALID CALIFORNIA HUNTING LICENSE						HAIR COLOR	EYE COLOR
for issuance of subject license is correct and true. I understand that, in the event that this information is found to be incorrect or untrue, the license issued will be considered invalid and must be surrendered where purchased and that I will be subject to criminal prosecution. I understand this license may be suspended or revoked by the Fish and Game Commission if I am convicted of, or plead guilty or noto contendere to, a Fish and Game violation. APPLICANT'S SIGNATURE SECTION 2. THIS SECTION MUST BE FILLED OUT BY A LICENSED PHYSICIAN To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedia appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	FULLY CONFINED TO A WHEEL SINGLE OR DOUBLE AMPUTEE MUST DEPEND UPON THE AID "No person shall pursue, drive, herd, or take except: (c) Pursuant to a permit from the conditions under which the licensee will be a licensee shall be accompanied by an ambula a weapon unless he/she is a licensed hunter be shut off prior to discharging the weapon; In the event a license is granted, I hereby as California Code of Regulations, Title 14. It restrict me from obtaining a license. I have	CHAIR ABOVE THE	ER, CRUTCHES, E'mammal from any ty sued under such reg on on this application at from a vehicle. That the who shall immedian of the appropriate use shall have the lice by all conditions of so in indicated license as the than one application	TC., TO WALK type of motor-drive gulations as the co in form. The app are licensee will be attely retrieve, and a tags for the game arense in possessic aid license and all and I am not unde for for a Motor Vel	en air or land ver commission may elicant, if appro required to adh tag if necessary be being taken; (i on while in the f I laws and regu- tr revocation or thicle Hunting Li	chicles, motorboat prescribe." The I ved, will be issued here to the followin y, all game taken; (3) The vehicle must ield and present it lations of the Fish suspension, nor is idense. My signatu	Department will of a license whice g minimum requiped. The assistant as the stopped and upon request to a sand Game Code as there a case peare below is written.	consider requests h will specify the rements: (1) The shall not possess d the engine mus any peace office of California, and ending that would en consent to use
revoked by the Fish and Game Commission if I am convicted of, or plead guilty or nolo contendere to, a Fish and Game violation. APPLICANT'S SIGNATURE SECTION 2. THIS SECTION MUST BE FILLED OUT BY A LICENSED PHYSICIAN To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially Impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedial appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S LICENSE NUMBER		-						
APPLICANT'S SIGNATURE X SECTION 2. THIS SECTION MUST BE FILLED OUT BY A LICENSED PHYSICIAN To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedia appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	considered invalid and must be surrendere	d where purcl	hased and that I will	l be subject to crir	minal prosecuti	on. I understand	this license may	be suspended o
SECTION 2. THIS SECTION MUST BE FILLED OUT BY A LICENSED PHYSICIAN To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially Impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedia appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	revoked by the Fish and Game Commissio	n if I am conv	icted of, or plead gu	iilty or nolo conter	ndere to, a Fish	and Game violati	on.	
To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially Impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedia appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	APPLICANT'S SIGNATURE						DATE	
To qualify for this license, the applicant must be certified by a licensed physician as having a permanent physical disability and is nonambulatory or mobility is substantially impaired. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially Impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedia appliance or device. The qualifying disability must be clearly explained by the physician. QUALIFYING DISABILITY I hereby certify that the information provided above is correct and true and that the above described disability is permanent and fully complies with the above described conditions. PHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	X							
DHYSICIAN'S FIRST NAME M.I. LAST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	To qualify for this license, the applicant musubstantially impaired. "Nonambulatory" me Impaired Mobility" means virtual inability t	st be certified eans permane o move on fo	I by a licensed physently, physically reliantly to due to permane	sician as having a nt on a wheelchai nt physical relian	permanent ph r or similar rem	edial appliance or	device for mobili	ty. "Substantially
PHYSICIAN'S FIRST NAME ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	I hereby certify that the information provide	ed above is co	orrect and true and	that the above de	escribed disabi	ility is permanent a	and fully complie	es with the above
ADDRESS CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER								
CITY STATE ZIP CODE PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	PHYSICIAN'S FIRST NAME	M.I.	LAST NAME					
PHYSICIAN'S SIGNATURE PHYSICIAN'S LICENSE NUMBER	ADDRESS							
	CITY	STATE	ZIP CODE					
	DUVEICIANI'S SIGNATURE			ı	DHASICIVES	I ICENSE NI IMPE	:D	
X					rni sician S	FICEINOE INCINIRE	.n	
	X							
	REVIEWED BY/DATE CASHIERED B	Y/DATE T	RANSACTION #	PERMIT No.	ISSUEI	D BY/DATE	KEYED BY/D	AIL

LAS 9023 FG 1460 (8/01)

INSTRUCTIONS FOR COMPLETING THE MOBILITY IMPAIRED DISABLED MOTOR VEHICLE HUNTING LICENSE APPLICATION

Incomplete applications will be returned and could delay the issuance of your license. Contact the DFG, License and Revenue Branch at (916) 227-2225 if you need additional information regarding Mobility Impaired Disabled Persons Motor Vehicle Hunting License. Please allow three weeks for processing.

- 1. It is mandatory to complete all items in Section 1.
- 2. Sign and date the application.
- 3. Have a licensed physician complete Section 2, sign, and date the application.
- Mail this application with a cashier's check, money order, personal check* or credit card authorization form** for the appropriate fee to: Department of Fish and Game, License and Revenue Branch, 3211 S Street, Sacramento, CA 95816. DO NOT SEND CASH.

Disclosure Statement — Under California Code of Regulations, Section 251, Title 14, the Department of Fish and Game is authorized to collect information from applicants to maintain a record of licensure. All information requested on this application is mandatory unless otherwise indicated. An applicant's name and city of residence may be provided to the public if requested. Other personal information submitted on this application may be released for law enforcement purposes, pursuant to court order, or for official natural resources management purposes.

An applicant may obtain a copy of his/her license records maintained by the Department by contacting the Custodian of Records at the Department of Fish and Game, License and Revenue Branch, 3211 S Street, Sacramento, CA 95816, (916) 227-2225. All requests for copies of license records must be in writing and include requester's name, address, and telephone number.

PAYMENT POLICY —

*Personal Checks: Personal checks will be accepted by the Department of Fish and Game (DFG) if name, address, telephone, and driver's license numbers are imprinted on the check. Personal checks returned to the DFG due to insufficient funds will render your permit invalid. Any activity performed without a valid license is a violation of the Fish and Game Code and therefore subject to enforcement action.

**Credit Cards: Licenses, permits, tags, stamps, or registrations may be purchased with a Visa or Mastercard.